



Student Resource Guide

6. Wellness: Maintaining the Best Possible Health



Student Resource Guide: SESSION 6

Wellness: Maintaining the Best Possible Health

OUTCOMES

When you finish this session you will be able to:

- ▶ Describe the basic concepts of health and wellness.
- ▶ Identify key information in a physician's report and a written health history.
- ▶ Read an Individual Program Plan (IPP) and identify specific DSP responsibilities for helping to maintain the best possible health.
- ▶ Identify three ways germs spread infection.
- ▶ Identify appropriate times to wash your hands.
- ▶ Describe the correct procedure for hand washing.
- ▶ Identify when to use disposable gloves.
- ▶ Demonstrate the correct procedure for gloving.
- ▶ Apply professional ethics to personal care.

KEY WORDS

Disinfect: To kill or eliminate most germs with a chemical solution.

Germs: Microorganisms (bacteria, viruses, fungi) that need warmth, moisture, darkness, and oxygen to grow and live. Some germs are harmful and cause illness or infection, while others are helpful to digestion of food and the elimination of bodily waste.

Health History: A document that has both medical history and current information about an individual's unique health care needs.

Infection: Invasion and multiplication of germs in the body that cause illness or injury if not treated.

Personal Care/Personal Hygiene: Activities of caring for one's own daily needs to maintain health and good grooming.

Personal Protective Equipment: Protective gown, face mask, eye shield, or other equipment worn to protect the user from contact with body fluids and germs.

Standard Precautions: A set of infection control safeguards, including hand washing, using disposable gloves, and wearing of personal protective equipment, that protect both the individual being assisted and the DSP from the spread of germs.

Materials in Session 6 have been adapted with thanks from Expressions of Wellness, developed in 2000 by South Central Los Angeles Regional Center with funding from a Department of Developmental Services Wellness Initiative Grant.

The Best Possible Health

Health is the mind, body, and spirit working in harmony.

Each person deserves to have the best possible health considering his or her age and general condition. Many individuals with developmental disabilities have complex health needs that will last throughout their lives. In this session, you will learn many ways DSPs support individuals in maintaining the best possible health.

Habits that Maintain Good Health

Good health starts with healthy habits. DSPs can help individuals stay as healthy as possible by supporting them to make good health habits a part of their daily routines. Habits that maintain good health are the activities people do regularly or on a routine basis that contribute to good health. For example, taking the stairs instead of using the elevator or eating fruit instead of chips.

The following is a list of habits that contribute to good health. These are the same habits you should help the individuals you support learn and use.

Healthy Habits

- ▶ Eating the right amount of a variety of nutritious foods every day; for example, five servings of fruits and vegetables.
- ▶ Getting plenty of daily physical exercise (at least 30 minutes); for example, walking.
- ▶ Drinking 8 to 12 glasses of water every day.
- ▶ Brushing your teeth at least two times a day.
- ▶ Keep your body clean by taking regular showers and baths.
- ▶ Washing hands frequently.
- ▶ Getting regular medical and dental care according to each individual's IPP and doctors' recommendations.
- ▶ Seeking treatment early for medical and dental problems.
- ▶ Being free from physical, verbal, mental, and sexual abuse.
- ▶ Not smoking.
- ▶ Using relaxation techniques; for example, practicing yoga to relax.
- ▶ Practicing accident prevention at all times.
- ▶ Participating in regular recreational and leisure activities.

Health Information

Maintaining the best possible health is a continuing process. New health needs arise over time caused by many factors, including aging, onset of chronic disease, and other changes. In order to provide appropriate support and to protect their own health, DSPs should know basic health information about the individuals they support.

DSPs can find basic health information in each individual's health records. These records should include:

- ▶ Current physician's report
- ▶ Health history
- ▶ Individual Program Plan (IPP)

Each of these documents is a source of health information. It is essential that these documents be available in the home and that the information be kept up-to-date. Each DSP should know the plans for meeting the current medical needs of each individual in the home.

The DSPs will use this information when:

- ▶ Preparing to take an individual to a medical or dental appointment.
- ▶ Providing assistance with the self-administration of medication.
- ▶ Checking for information about allergies.
- ▶ Checking for information about past health conditions when a new sign or symptom is observed.
- ▶ Checking for information before providing personal care for the first time.
- ▶ Responding to emergency situations.

The Physician's Report

Individuals you support may be required to have an annual physical examination by a doctor even if they are not sick or having problems. Individuals may require more or less frequent exams depending on their health needs. The frequency should be described in each individual's IPP and/or recommended by the doctor. The doctor should record the results of the physical examination on the physician's report for Community Care Facilities provided by Community Care Licensing.

The physician's report includes the following information:

- ▶ Full diagnosis.
- ▶ Physical health status (blood pressure, temperature, pulse, weight, height).
- ▶ Mental health status.
- ▶ The results of tuberculosis testing.
- ▶ The presence or absence of allergies and communicable diseases.
- ▶ Whether the individual is ambulatory or non-ambulatory.
- ▶ An individual's capacity for self-care.
- ▶ Medications and conditions for use
 - over-the-counter
 - prescribed medications
- ▶ Lab tests and results
- ▶ Immunization status; for example, Hepatitis B.

The following is an example of a physician's report.

Physician's Report

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:

The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.

The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY: THE GREEN HOME		TELEPHONE: 405-677-9535
ADDRESS: NUMBER 1421 HIGH VIEW ST.	CITY ROSELAND	
LICENSEE'S NAME: MARTHA GREEN	TELEPHONE: 405-677-9436	FACILITY LICENSE NUMBER: 0681402039

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME: KWAN WANG		TELEPHONE: 405-677-9535
ADDRESS: NUMBER 1421 HIGH VIEW ST.	CITY ROSELAND	
NEXT OF KIN: JUDY WANG	PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES: JUDY WANG	
		SOCIAL SECURITY NUMBER: 467-96-3573

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS: Spastic Quadriplegia Cerebral Palsy		LENGTH OF TIME UNDER YOUR CARE: Approx. 4 yrs.
SECONDARY DIAGNOSIS: Severe M.R. / Seizure disorder		
AGE: 45	HEIGHT: 5'	SEX: F
WEIGHT: 122	IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
TUBERCULOSIS EXAMINATION RESULTS: <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE <input type="checkbox"/> NONE		DATE OF LAST TB TEST: 5/14/03
TYPE OF TB TEST USED: ppd		TREATMENT/MEDICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:

OTHER CONTAGIOUS/INFECTIOUS DISEASES: A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:	TREATMENT/MEDICATION: B) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below:
ALLERGIES C) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, list below: +tomato products	TREATMENT/MEDICATION: D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list below:

Ambulatory status of client/resident: ☐ Ambulatory ☒ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

(OVER)

Physician's Report

I. PHYSICAL HEALTH STATUS: <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	YES (Check One)	NO	ASSISTIVE DEVICE
1. Auditory Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Visual Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Wears Dentures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Special Diet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Substance Abuse Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Bowel Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Bladder Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Motor Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Requires Continuous Bed Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

II. MENTAL HEALTH STATUS: <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR		COMMENTS:	
	NO PROBLEM	OCCASIONAL	FREQUENT
1. Confused	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Able To Follow Instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Able to Communicate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. CAPACITY FOR SELF CARE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COMMENTS:	
	YES (Check One)	NO	COMMENTS:
1. Able to care For All Personal Needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Can Administer and Store Own Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Needs Constant Medical Supervision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Currently Taking Prescribed Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Bathes Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Dresses Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Feeds Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	with specialized spoon and assistance.
8. Cares For His/Her Own Toilet Needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Able to Leave Facility Unassisted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Able to Ambulate Without Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Able to manage own cash resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:

CONDITIONS

- Headache
- Constipation
- Diarrhea
- Indigestion
- Others (specify condition)

Pf SunGuard

Flourigard 15 cc

OVER-THE-COUNTER MEDICATION(S)

milk of magnesia 30cc on 3rd day w/
no bowel movement

in sun > 15 min.
after toothbrushing AM/PM

PLEASE LIST CURRENT PRESCRIBED MEDICATIONS THAT ARE BEING TAKEN BY CLIENT/RESIDENT:

- | | | |
|------------------------|----------|----------|
| 1. Tegretol 200mg. QID | 4. _____ | 7. _____ |
| 2. Oscal 1500 mg. | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

PHYSICIAN'S NAME AND ADDRESS:

Dr. Ubewell

TELEPHONE:

391-8511

DATE:

5/15/03

PHYSICIAN'S SIGNATURE

Dr. Ubewell

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)

I hereby authorize the release of medical information contained in this report regarding the physical examination of:

PATIENT'S NAME:

KWAN WANG

TO (NAME AND ADDRESS OF LICENSING AGENCY):

THE GREEN HOME

SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE

May Wang

ADDRESS:

70711 S. SAN PEDRO ST.
ROSELAND, CA. 90375

DATE:

4/29/03

ACTIVITY

Finding Information in the Physician's Report

Directions: Look at the physician's report for Kwan and answer the following questions:

.....
1. Does Kwan have any allergies? If yes, what are they?

.....
2. What medications is Kwan taking?

.....
3. Can Kwan feed herself?

.....
4. Does Kwan wear dentures?

.....
5. Is Kwan on a special diet?

.....
6. What is Kwan's doctor's name?

Health History

What's in a Health History

A **health history** is often a combination of documents that provides information about the individual's:

- ▶ Diagnosis.
- ▶ Past and present illness(es).
- ▶ Family history of health care needs and illness.
- ▶ Current medications.
- ▶ Medication history.
- ▶ Current doctor(s) and dentist.
- ▶ List of known allergies.
- ▶ Immunization records.
- ▶ Emergency contact information.
- ▶ Regional center service coordinator.
- ▶ Previous surgeries.
- ▶ Previous hospitalizations.

Health History

NAME: Kwan Louise Wang **GENDER:** F **DATE OF BIRTH:** 4/18/58

CURRENT ADDRESS: 1421 High View Street, Roseland, CA 90375

PHONE: (405)677-9535

PRIMARY LANGUAGE: English

RESIDENCE TYPE: Community Care Facility, Service Level 4

ADMINISTRATOR: Martha Green **PHONE:** (405)677-9436

SERVICE COORDINATOR: Betsy Helpful **PHONE:** (405)546-9203

FAMILY INFORMATION

Judy Wang (Mother and Conservator) 76711 S. San Pedro St, Roseland, CA 90375

Home Phone (405)391-2537; Cell (405)636-2452

John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275;

Home Phone (310)372-3610

HEALTH INSURANCE

Medi-Cal: (467)963-5738; Medicare: (467)963-5738

INFORMATION SOURCES

Sonoma Developmental Center and Everyone's Regional Center (ERC) placement packets;
Hope Medical Center records; consumer record; verbal history from mother, Judy Wang.

RESIDENTIAL HISTORY

Home with parents Judy and Keith Wang 7/23/58 – 6/02/65

Sonoma Developmental Center 6/02/65 – 9/23/95

Appleby home (Ray Appleby, (402)797-7689) 9/23/95 – 1/06/03

Green home 1/06/03 – present

Primary Care Physician

Dr. Ubeewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405)391-8511

Neurologist

Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405)333-7272

Gynecologist

Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405)333-6789

Dentist

Dr. Y Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405)696-3372

Audiologist

Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375

Phone: (405)333- 4536

Health History

DIAGNOSIS

Spastic Quadriplegia Cerebral Palsy, Severe Mental Retardation, Mixed Seizure Disorder, Right hip fracture with pinning (1998), Moderate hearing loss left ear (2002), Hypertension (2003)

HEIGHT: 5 feet

WEIGHT: 120 pounds

ALLERGIES: Tomatoes and tomato products

HOSPITALIZATIONS

None in past year. See medical history for prior hospitalizations.

FAMILY MEDICAL HISTORY

Kwan's mother was diagnosed with breast cancer when she was 40 and had a mastectomy. Her father had asthma. He died of a stroke in 1994 at the age of 70. There is no other significant family medical history. Grandparents on both sides of the family lived into their early 80s and had generally good health.

MEDICAL HISTORY

Kwan was born at 32 weeks gestation at University Hospital after a 10-hour labor. Birth weight was 2 lbs, 10 ounces. Kwan was blue at birth and was rushed to neonatal intensive care. She remained there for three months being treated for sepsis and recurrent seizures. She was reported to be a beautiful but very frail and fussy infant. The pediatrician diagnosed cerebral palsy at nine months of age. Developmental milestones were all severely delayed. Kwan learned to sit up at age 3 and to crawl at 4 years. Speech was slow in coming. She experienced *grand mal* seizures frequently before age 4. Kwan attended special preschool but was often absent "due to colds and stomach problems." She had a tonsillectomy at age 4, and her health improved. Kwan never learned to walk and is wheelchair dependent. At age 7, Kwan's care needs became too much for her parents, and she was admitted to Sonoma Developmental Center where she remained until 1995. Her parents visited often over the years and took her on frequent home visits until Kwan's father died. Apart from occasional colds, chicken pox when she was 11, and chronic constipation over the years, she has enjoyed good health. She has been on a high fiber diet for years. She does not like tomatoes, and her mother says that they give her hives. Kwan's seizures were brought under better control when she was started on Tegretol in 1980. She moved from the developmental center to the Appleby home in 1995. Kwan had a right hip fracture with pinning in 1998. It healed well after it was pinned, but she is no longer able stand for pivot transfers. Just last year she moved to the Green home.

Health History

CURRENT MEDICAL HISTORY

In January of 2003, Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a therapeutic diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives, she continues to experience chronic constipation. Kwan's gums bleed easily as a result of gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation. An audiogram done in 2002 revealed a moderate left hearing loss. No hearing aid was recommended. Kwan has very fair skin and sunburns easily.

IMMUNIZATION HISTORY

Records show that Kwan had all her childhood immunizations and booster shots. She has not had the Hepatitis B series. Flu shot and pneumovax were given September, 2003.

MEDICATION HISTORY

Kwan took Phenobarbital/Dilantin for seizures from 1958 to 1970, when she was changed to Tegretol. She has taken Milk of Magnesia and various stool softeners for constipation since the late 1960s. When she turned 40, she began taking calcium supplements. More recently (January 2003), she began taking Lotensin for hypertension. She also uses a Flourigard mouthwash to promote dental health and PF 35 sunguard and lipbalm to protect from sunburn.

CURRENT MEDICATIONS

- Tegretol 200 mg QID (four times a day, 7:00 a.m., 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250 mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30 cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500 mg qd (every day) for prevention of osteoporosis.
- Lotensin 20 mg q AM (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- PF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

Individual Program Plan (IPP)

Promoting and maintaining the best possible health depends upon the effective teamwork of the people involved in the individual's health care and health care planning and evaluation. A current health history and physician's report are used by the planning team to address health care needs when developing the IPP. The IPP provides information and direction for the individual's life. The IPP includes:

- ▶ Goals, objectives, and plans for health care needs.
- ▶ Specific responsibilities of the DSP and others.

- ▶ A way to evaluate the success of the plan in supporting the individual to achieve or maintain the "best possible health."

The following example IPP is for Kwan. This is the third piece of information from Kwan's health records which contains information about Kwan's health status and needs. It is important to look at all three reports when trying to understand all of Kwan's health needs, as each contains some different information. Look over Kwan's IPP to see what additional health information it contains.

Everyone's Regional Center (ERC)

Individual Program Plan (IPP)

Date of IPP Meeting: 4/1/04

IDENTIFYING INFORMATION

Kwan Louise Wang

Name

F

Gender

4/18/58

Date of Birth

1421 High View Street, Roseland, CA 90375

Current Address

(405)677-9535

Phone

English

Primary Language

Community Care Facility, Service Level 4

Residence Type

Betsy Helpful

Service Coordinator

(405)546-9203

Phone

IPP MEETING PARTICIPANTS

Kwan Wang, Phone (405)677-9535

Judy Wang, mother and conservator, Home Phone (405)391-2537; Cell (405)636-2452

John Wang, brother, Home phone (310)372-3610

Martha Green, administrator of the Green home, Phone (405)677-9436

Mimi Rosales, direct support staff at the home, Phone (405)677-9535

Armand Garcia, Hillside Day Program counselor, Phone (405)638-4423

Betsy Helpful, ERC service coordinator, Phone (405)546-9203

FAMILY INFORMATION

Family Members

Judy Wang (Mother and Conservator) 76711 S. San Pedro Street, Roseland, CA 90375

Home Phone (405)391-2537; Cell (405)636-2452

John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275

Home Phone (310)372-3610

Consumer/Family Concerns and Priorities

Kwan has a boyfriend, Robert, with whom she enjoys spending time. She would like support to be able to spend good, quality time with Robert. Kwan enjoys animals and has a pet bird. Someday, she would like to have more than one bird. In the meantime, Kwan would like to find more ways to be around animals, especially birds. She would also like a job since she wants to save money for her dream trip to Disneyland and to buy more clothes and CDs. Kwan also enjoys spending time with her mother and brother. She and her mother get together once a week for shopping and other activities. She doesn't see her brother as often, since he lives 50 miles away.

Individual Program Plan (IPP)

Kwan's mom wants Kwan to be happy in her new home. She is concerned that Kwan's fairly complicated medical needs are taken care of properly. She wants to continue to take a very active part in Kwan's life. She loves her daughter very much and wants to do what is best for her. Kwan's brother is concerned that Kwan's wheelchair needs to be replaced and wants to see Kwan get a new one as soon as possible. He also wonders if there isn't something that could help Kwan communicate more effectively, as it is very hard to understand her.

MEDICAL INFORMATION

Health Insurance: Medi-Cal (467)963-5738; Medicare (467)963-5738
(Father deceased)

Medications

- Tegretol 200 mg QID (four times a day, 7:00 a.m., 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250 mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30 cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500 mg qd (every day) for prevention of osteoporosis.
- Lotensin 20 mg q AM, (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- PF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

Health Providers**Primary Care Physician**

Dr. Ubeewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405)391-8511

Neurologist

Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405)333-7272

Gynecologist

Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405)333-6789

Dentist

Dr. Y Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405)696-3372

Audiologist

Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375
Phone: (405)333- 4536

Health Status

Height: 5 feet

Weight: 120 pounds

Individual Program Plan (IPP)

Eligible Diagnosis: Spastic Quadriplegia Cerebral Palsy, Severe Mental Retardation.
Mixed Seizure Disorder

Chronic medical conditions/special health issues: Kwan had a right hip fracture with pinning in 1998. She currently has a seizure disorder, hypertension (diagnosed in 2003), chronic constipation, and moderate hearing loss in the left ear (diagnosed in 2002). She has doctor's orders for a therapeutic diet (high fiber for constipation and no coffee or added salt for hypertension). In addition, she cannot eat tomatoes or tomato products.

Allergies: Kwan is allergic to tomatoes and tomato products. They give her hives. She is also sensitive to the sun and sunburns easily.

Equipment: Wheelchair, shower chair, adaptive spoon.

Hospitalizations: No hospitalizations in the past year.

Mental Health Issues: N/A

Immunizations: Kwan had a flu shot and pneumovax in September 2003.

NATURAL SUPPORTS

Kwan's mother and brother are both very close to Kwan and want to do as much to support her as they are able. Her mother visits Kwan once a week. Every fourth week she takes her shopping at the local mall. She goes with Kwan as often as she can to doctor visits. Kwan spends Thanksgiving and Christmas holidays with her mother and family. Kwan's boyfriend, Robert, is also an important source of support and fun.

WHAT PEOPLE NEED TO KNOW ABOUT KWAN

Kwan is a friendly and happy person who gets along well with others. She has a good sense of humor and likes to be with people and do fun things. Kwan enjoys her close relationship with her mother and brother. Kwan likes birds, especially her yellow parakeet Pete. She also loves having her nails polished and going shopping with her mom. Kwan likes watching TV, especially the Disney Channel. Kwan is able to express some of her needs verbally; however, when she is very excited, her speech is very difficult to understand. She hears best with her right ear. Kwan uses a wheelchair and needs assistance with most things. Kwan has very fair skin and is sensitive to sun.

HOPES AND DREAMS

Kwan enjoys spending time with Robert and would like more opportunities to be with him. Kwan loves her bird. She would like to someday work in a pet shop or someplace where there are lots of birds. She likes the water and would like to learn to swim. The thing that would make her happiest in the world would be to go to Disneyland with Robert.

*Individual Program Plan (IPP)***CONSUMER/FAMILY SATISFACTION WITH SERVICES**

Kwan likes her new home. The staff are nice, and she likes spending time with them, but she would like to have more friends and to spend more time with Robert. Kwan's mother, who is also her conservator, is happy with Kwan's new home as well.

FINANCIAL SITUATION

Benefits: Kwan receives SSI in the amount of \$670 a month with an additional \$90.00 for personal and incidentals (P&I). In addition, Kwan receives SSA in the amount of \$270 a month. Her mother is her representative payee. She also maintains a bank account for Kwan. Kwan uses her P&I to purchase personal items, clothes and pet supplies for Pete and for weekly activities as needed.

LEGAL STATUS

Kwan's mother is her limited conservator and, as such, is authorized to sign for Kwan's medical care, handle her finances, and make decisions about where she lives.

INDIVIDUAL PROGRAM PLAN AREAS**HOME**

Current Status: On January 6th this year (2004), Kwan moved to her new home, a level 4, owner-operated CCF. Martha Green is the owner and administrator. Kwan had to move because her previous service provider became seriously ill. Kwan likes her new home and particularly likes Mimi Rosales, one of the staff. It also helped that her previous roommate moved with her. There is one staff for every three individuals in the home at all times. In the morning and evening there is one additional staff.

Kwan's mom was worried about the move, but is now satisfied that the new home is working for Kwan. Being able to keep her bird was one of the reasons she and her mom chose the Green home.

Goal

Kwan wants to live in a safe, comfortable, home that meets her needs and supports her choices and preferences.

Objective 1

1. The Green home will continue to provide Kwan with a safe and supportive living environment through 4/30/05.

Plans

1. Green home staff will provide services and supports for Kwan as described in Kwan's IPP and with consideration for Kwan's unique needs and preferences.
2. Martha Green, Administrator, will prepare a quarterly summary of activities and outcomes related to implementation of individual IPP objectives for which the facility is responsible.

Individual Program Plan (IPP)

3. ERC will continue to provide monthly payment at the Level 4 rate (minus the SSI and SSA amount) to the Green home for Kwan. Kwan's ERC service coordinator (SC) will visit Kwan once every three months or more frequently as needed to monitor the implementation of Kwan's IPP and Kwan and her mother's continued satisfaction with the services.
4. As representative payee, Kwan's mom will continue to provide monthly payment for Kwan to the Green home for the total amount of the SSI and SSA payments.

Objective 2

Kwan's staff will receive initial training prior to working with Kwan and ongoing yearly training in First Aid, CPR, and proper transfer and lifting procedures for Kwan.

Plans

1. Martha will contact the Red Cross and schedule staff training.
2. Staff will provide Martha with a certificate of completion of training to be maintained in their personnel file.

PERSONAL CARE

Current status

Kwan likes to wear nice clothes, make-up, and have her nails polished. Kwan uses an adaptive spoon to eat, but otherwise needs to be assisted with all her needs. She enjoys long showers. Kwan is unable to stand and pivot to transfer from her wheelchair. Kwan's wheelchair needs replacement. It is 8 years old, and the upholstery is ragged and the frame wobbly. The brakes were recently repaired.

Goal

Kwan wants to look nice, be comfortable and be treated respectfully by staff when they are assisting her. She wants to do things as independently as possible. She needs a new wheelchair.

Objective 1

Kwan will maintain good oral health, healthy skin, and will be assisted to dress and groom herself appropriately for the occasion and the season through 4/30/05.

Plans

1. Home staff will provide complete assistance to Kwan with bathing, dental care, dressing, toileting, grooming (including makeup) with concern for her privacy and dignity and provide Kwan with opportunities for choice throughout her daily routine. Staff will schedule extra time for Kwan's shower.

Individual Program Plan (IPP)

2. Home staff will assist Kwan to floss Kwan's teeth once a day and brush with an electric toothbrush twice a day. They will assist Kwan in using Flourigard as prescribed after each brushing.
3. Home and day program staff will assist Kwan to shift position in her wheelchair once every 2 hours. Home staff will assist Kwan to transfer from her wheelchair to a beanbag for an hour each night at home while she is watching her favorite TV program or listening to music.
4. Both home and day program staff will assist Kwan to apply sunscreen, lip balm, and a hat each time she is in the sun for any extended length of time (more than 15 minutes).

Objective 2

Kwan will be supported to eat as independently as possible through 4/30/05.

1. Home and day program staff will ensure that Kwan has her adaptive spoon when eating and will provide partial assistance and verbal prompts to guide Kwan to eat as independently as possible.

Objective 3

Kwan will get a new wheelchair by 10/1/04.

Plans

1. Kwan's SC will arrange for Jacquie Ohanesian, CRT, at First Care Equipment, (405)696-4651, to assess Kwan's wheelchair. ERC will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of the wheelchair. If Medi-Cal will not approve the purchase of the recommended wheelchair, ERC will purchase.

COMMUNICATION**Current status**

Kwan is a friendly and happy person. She has a good sense of humor and likes to be with people. Kwan is able to express some of her needs verbally; however, at times when she is very excited, her speech is very difficult to understand. An audiogram done in 2002 revealed a moderate left ear hearing loss. No hearing aid was recommended. Kwan hears best when people direct their speech directly at her or towards her left ear. Her brother is concerned that there may be some way to assist her to communicate more effectively.

Goal

Kwan will be supported to communicate as effectively as possible.

Individual Program Plan (IPP)

Objective 1

Kwan will be evaluated for use of augmentative communication strategies and devices by 10/1/04.

1. Kwan's SC will arrange for Liz Speakeasy, Speech Therapist, to assess Kwan for use of augmentative communication. The speech therapist will assess Kwan in different environments and situations. Medi-Cal will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of any necessary augmentative communication device.
3. Home staff will follow any plans developed by by the Speech Therapist.

FAMILY, FRIENDS and FUN

Current Status

Kwan lives with three other women close to her age. Kwan likes visiting with her mother and brother, especially during the holidays. Her mother and brother visit her often. Kwan has told Mimi Rosales that she wants to spend more time with her new friend, Robert. Her life's dream would be to go to Disneyland with Robert. She also loves having her nails polished and going shopping with her mom. Kwan especially enjoys shopping for clothes, make up, and jewelry. Kwan likes watching TV, especially the Disney Channel. In February, Kwan attended a Valentine's Day Party. She is very proud of the picture taken of her at the party that shows how pretty she looked in her red dress. Her mom framed it.

Goals

Kwan wants to see family and Robert on a regular basis, make more friends, and participate in more community activities.

Objective 1

Martha and her staff will provide support for Kwan to participate in fun activities of her choice in her local community at least once a week.

Plans

1. At Kwan's request, home staff will support her to arrange and coordinate visits with Robert.
2. As pre-arranged with Kwan's mom, home staff will arrange for Dial-A-Ride to take Kwan to and from the mall to meet her mother for shopping.
3. Staff will assist Kwan in exploring additional community activities that interest her, for example, Audobon Bird Society activities.

Individual Program Plan (IPP)

Objective 2

By October 1, 2004, Kwan's plan for going to Disneyland will be developed.

Plans

1. Kwan's mom will develop a budget and help Kwan save money for a Disney trip.
2. Mimi Rosales volunteered to help Kwan arrange the trip, perhaps to coincide with a National Self-Advocacy Conference being held in Anaheim in September 2005.

HEALTH**Current Status**

In late January of this year (2003), Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives she continues to experience chronic constipation. Kwan's gums bleed easily as a result of the gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation.

Kwan's last visit to her primary care physician, Dr. Ubeewell, was 5/14/03. Her blood pressure was within normal range. Kwan is to return every three months or more frequently as needed. Kwan's last visit to her neurologist, Dr. Nicely, was 7/12/02. Her serum blood level for Tegretol and TSH was normal. She is to return yearly or more frequently as needed. Lab work needs to be done prior to visit (call doctor for order). Kwan last saw her gynecologist, Dr. Young, on 1/30/03. Dr. Young works with the Adult Special Disabilities Clinic at University Hospital, and Kwan feels very comfortable. She has an examining table which makes transfer from her wheelchair easy. She had a breast exam and Pap smear on the same date and a mammogram on 3/22/03. Findings were normal for both. Kwan is to return for a yearly breast exam, pap smear, and mammogram (Bay Area Breast Center). Kwan went to her dentist, Dr. Nocaries, on 2/28/03. She had two small cavities that were filled, and her teeth cleaned. She is to return two times a year. She saw Dr. Hearless, her audiologist, on 2/15/03. Dr. Hearless diagnosed moderate hearing loss in her left ear. She is to return once a year for follow-up audiogram.

Goal

Kwan will be supported to have the best possible health.

Individual Program Plan (IPP)

Objective 1

Kwan will receive ongoing medical and dental care and age- and gender-appropriate health screenings through 4/30/05.

Plans

1. Martha will make all necessary medical and dental care appointments.
Martha will make appointments on the following schedule:
Primary Care Physician: Dr. Ubeewell, last visit 5/14/04; return quarterly or more frequently as needed.
Neurologist: Dr. Nicely, last visit 7/12/02; return yearly or more frequently as needed, and call doctor for lab order prior to yearly visit.
Gynecologist: Dr. Young, last visit 1/30/03; last Pap smear 1/30/03; last mammogram 3/22/03; return for yearly Pap smear and mammogram.
Dentist: Dr. Nocaries, last visit 2/28/03; return two times a year.
Audiologist: Dr. Hearless, last visit 2/15/03; return once a year for follow-up audiogram.
2. Kwan's mother wants to accompany her to her yearly neurologist appointment, her twice-yearly dental appointments, and her yearly audiogram appointment.
3. Martha or a home staff member will accompany Kwan to all medical and dental appointments, provide necessary information, document all visits and the outcome in Kwan's notes, and follow doctor's recommendations. Martha will notify Kwan's mother of any scheduled appointments, as well as any changes in Kwan's health, such as illness, injury, and any hospitalization or ER visit.
4. Martha and both home and day program staff will keep and share a record of Kwan's seizures. If the frequency or duration of seizures increases, Martha will call Dr. Nicely.
5. Martha will ensure that home staff are trained to safely assist Kwan with medications and that staff document each dose.
6. Martha will provide the day program with a pharmacy-prepared and labeled bottle of Tegretol for Kwan's midday dose. Armand Garcia will ensure that day program staff who assist Kwan are trained to safely assist her and that they document each dose.
7. On at least a quarterly basis, Kwan's ERC SC will review Kwan's ongoing notes, seizure log, bowel log, medication, and other health records for any changes or special incidents to ensure appropriate response.

Individual Program Plan (IPP)

Objective 2

Staff will follow menu plan and therapeutic diet developed by Green home dietician through 4/30/05.

Plans

1. Dietician to review menus with Kwan and her mother to incorporate Kwan's food preferences.
2. Martha will coordinate menus with Kwan's day program.
2. To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
3. Home and day program staff will keep and share a daily record of Kwan's bowel movements. On every third day without a bowel movement, home staff will assist her to take the prescribed dose of Milk of Magnesia and document in Kwan's medication log. If she has no bowel movement on the next day, home staff will call Dr. Ubeewell.

EDUCATION/WORK/DAY ACTIVITY

Current Status

Since her move to the Green home, Kwan has attended Hillside Day Program, 73468 Southside Lane, Roseland CA 90375, telephone (405)696-1173. The program has a one-to-three staff ratio to support individuals who use wheelchairs, like Kwan.

Kwan's activities include music appreciation, artwork, and a class on current events. Kwan has a longer lunchtime so that she doesn't have to hurry. She also gets additional assistance to help her while she is eating. She has made several friends at Hillside and has a special new boyfriend Robert. She enjoys the half-hour bus trip to the Center since Robert is on the bus, and they sit together. Kwan likes water and has expressed a desire to swim in a pool. Kwan likes birds and has expressed a desire to work in a pet shop someday where there are lots of birds.

Goal

Kwan wants to expand her daytime activities to include swimming and more community activities including someday working in a pet shop.

Objective 1

Kwan will be supported during the day to achieve her education/work and community activity goals through 4/30/05.

Plans

1. ERC will continue to fund Hillside Day Program for Kwan. Kwan's ERC SC will visit Kwan at the day program at least once every six months or more frequently as needed to review Kwan's IPP and Kwan and her mother's satisfaction with services.

Individual Program Plan (IPP)

- 2.. Dave Chauncey at New Horizon Bus Services, 5567 Studebaker Circle, Roseland, (405)333-2056, will provide transportation to and from the day program five days a week. Dave will ensure that all drivers are trained in First Aid and correct tie- down procedures for wheelchairs. ERC will fund the transportation service.

Objective 2

Given doctor's approval, Kwan will swim at least twice a week at a community pool through 4/30/05 or as long as Kwan continues to enjoy swimming.

Plans

1. Within the next month, Martha will make an appointment for Kwan with Dr. Ubeewell to discuss her desire to swim. Kwan's mom will accompany her.
2. Following instructions from Kwan's doctor, day program staff will make arrangements for and support Kwan to swim at least twice a week.

Objective 3

Given day program staff support, Kwan will participate in at least one community activity a week that is related to an area of her interest through 4/30/05.

Plans

1. Day program staff will help Kwan to find community groups with an interest in birds and support Kwan in becoming involved.
2. Day program staff will take Kwan on weekly visits to a local pet store, bird aviary, and other places where Kwan can share her interest in birds.
3. Martha will collaborate with Kwan's day program to ensure she is supported by home staff to swim and engage in more community activities.

I certify that I have participated in the development of the IPP and give permission for the plan to be carried out. I further understand that, if changes occur before the scheduled Annual Review of this plan, I may contact the Regional Center to discuss any needed modifications to the plan.

The Everyone's Regional Center Complaint and Appeal Process have been explained to me. I have been informed that I will receive a copy of this plan.”

“I approve the continuation of my current service coordinator”.

Signature	Relationship	Date
Signature	Relationship	Date



ACTIVITY

Supporting the Best Possible Health

*Directions: Using Kwan's health records (the physician's report, health history, and IPP), list five of Kwan's health care needs. Then, pick **one** of the needs you listed and describe, according to the IPP, what the DSP must do to provide support.*

.....
Health Care Needs

1.

2.

3.

4.

5.

.....
DSP Support Necessary: Using the IPP for Kwan, describe what the DSP must do to provide support in **one** of those health care need areas you described above.

Health Care Need # _____

Infection Control

Infection control is preventing the spread of **germs** that cause illness and infection. Infection control starts with understanding germs and how they are spread.

About Germs

Everyone comes in contact with millions of germs (microorganisms) each day. All germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, like an infected cut, or it can be systemic, throughout the whole body, like food poisoning or pneumonia.

Three Ways Germs Are Spread

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. **Direct Contact** means that germs are spread from one infected person to another person.

An example of direct contact is the person infected with a cold putting his hands to his mouth while coughing or sneezing and then touching or contacting another person before he has washed his hands. A similar situation happens when the person has an infected or open sore or wound or

body fluids that are full of germs (feces, urine) or blood (HIV, AIDS, Hepatitis A, B, or C) or saliva that is contaminated, and the other person is contacted directly by the germs.

2. **Indirect Contact** means that germs are spread from one infected person to an object to another person.

The germ from the person infected contaminates the object, and the person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work, and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, salmonella), handling soiled linens, soiled equipment, using soiled utensils and cups, and drinking or using contaminated water. Dysentery, a serious gastrointestinal infection, can be spread indirectly. The hepatitis B virus can live up to 10 days in dried blood and can also be spread indirectly.

3. **Droplet Spread** means that germs are spread through the air from one infected person to another person.

The germs are airborne and are carried over short distances. When people talk, cough, or sneeze, they are spreading germs through the air. The germs of the common cold, flu, and even tuberculosis travel from one person to another by droplet spread.

How Germs Are Spread

Direct Contact

Indirect Contact

Droplet Spread

Infection Control (continued)

Controlling the Spread of Germs

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. DSPs can protect both themselves and the individuals with whom they work from germs or contamination by doing the following:

1. Know and practice standard precautions (defined in next section), especially hand washing and gloving.
2. Keep yourself, the individual, and the environment clean.
3. Be aware of the signs and symptoms of illness and infection, and accurately record and report them to the doctor.

Standard Precautions

Standard precautions, including hand washing and using disposable gloves and the wearing of personal protective equipment, protect both the individual and the DSP from the spread of germs and infection.

Standard precautions are a set of infection control safeguards. They are especially important to prevent the spread of blood-borne and other infectious diseases (AIDS, Hepatitis A, B, and C). The DSP should use these precautions when coming in contact with blood and all body fluids, secretions, and excretions (urine and feces), whether or not they contain visible blood; when touching mucous membranes such as the eyes or nose; and when dealing with skin breakdown such as a cut, abrasion, or wound. Body fluids include:

- ▶ Blood
- ▶ Blood products
- ▶ Secretions
- ▶ Semen
- ▶ Vaginal secretions
- ▶ Nasal secretions
- ▶ Sputum
- ▶ Saliva from dental procedures
- ▶ Excretions
- ▶ Urine
- ▶ Feces
- ▶ Vomit

Handwashing

Frequent, thorough, and vigorous hand washing will help in decreasing the spread of infection. **Germs are spread more frequently by hands and fingers than by any other means.**

When DSPs Should Wash Their Hands

DSPs should routinely wash their hands when they come to work and before leaving.

Hands should be washed at work at least before touching:

- ▶ Food.
- ▶ An individual's medicine.
- ▶ Kitchen utensils and equipment.
- ▶ Someone's skin that has cuts, sores, or wounds.
- ▶ Before putting on disposable gloves.

DSPs should always wash their hands at least after:

- ▶ Using the bathroom.
- ▶ Sneezing, coughing, or blowing one's nose.
- ▶ Touching one's eyes, nose, mouth, or other body parts.
- ▶ Touching bodily fluids or excretions.
- ▶ Touching someone's soiled clothing or bed linens.

Standard Precautions (continued)

- ▶ Providing assistance with medications.
- ▶ Providing assistance with bathing or toileting.
- ▶ Removing and disposing of used disposable gloves.
- ▶ Touching anything else that could be contaminated with germs.
- ▶ Smoking.

Since hand washing can easily dry out a person's skin, remember to apply hand lotion or cream often throughout the day.

It is a best practice to keep natural nails short and avoid the use of artificial nails when providing personal care. Many hospitals have banned artificial nails and natural long nails for employees who provide personal care. Research has shown that healthcare workers who wear artificial nails are more likely to harbor germs than those who don't. DSPs with long nails are at risk of puncturing or tearing disposable gloves.

Gloving

Practicing standard precautions also includes the wearing of disposable (single-use) latex gloves whenever the DSP comes in contact with body fluid. (Non-latex gloves can be purchased for people who are allergic to latex.) Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection.

Gloves should be used only one time and changed after each use. New gloves should be put on each time a DSP works with a different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between individuals if used more than once and if they are not properly disposed.

If bodily fluid or blood touches the skin, wash the area vigorously and thoroughly with soap and warm water. If the gloves tear or break, take them off and vigorously and thoroughly wash your hands. Put on a new pair of gloves and continue assisting the individual.

DSPs should follow the method for putting on disposable gloves as demonstrated in the gloving technique diagram in Appendix 6-B and in the video.

DSPs should use gloves at least while doing any of the following activities:

- ▶ Cleaning rectal or genital area.
- ▶ Giving mouth care.
- ▶ Shaving with a blade razor.
- ▶ Cleaning bathrooms.
- ▶ Cleaning up urine, feces, vomit, or blood.
- ▶ Providing or assisting with menstrual care.
- ▶ Providing wound care.
- ▶ Handling soiled linen or clothing.
- ▶ Giving care when the DSP has open cuts or oozing sores on his or her hands.
- ▶ Disposing of waste in leak proof, airtight containers.

DSPs should wash their hands before putting on disposable gloves and immediately after removing gloves.

Other Protective Equipment

Depending on your job, you may be expected to wear other **personal protective equipment** (PPE), such as a facemask

or eye shields. If a DSP needs these, it is important that a health care professional teaches the person the correct use and disposal of these items.

Cleaning and Disinfecting

The second way for DSPs to prevent the spread of germs is through cleaning and disinfecting the environment. DSPs should be careful not to transfer infection to others and equally important, the DSP should be careful not to be infected by others. The DSP can help do this by being clean themselves, keeping the home clean and germ free, and assisting the individuals in the home to maintain good personal hygiene.

Routine, daily cleaning of household surfaces and other items with soap and water is the most effective method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection.

Disinfection is the process of killing germs after cleaning with soap and water and rinsing with clear water. Disinfecting usually requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the remaining germs. One of the most common cleaning solutions is household bleach and water. Two recipes for a disinfectant cleaning solution are in Appendix 6-C. The recipes are easy to mix, safe if handled properly (as a toxic substance), and kill most infectious agents. Remember, this solution will discolor fabric and carpeting. The solutions lose effect very quickly and must be made fresh daily.

Household Hints for Reducing the Spread of Infection

- ▶ Clean most surfaces with soap and water to remove germs.
- ▶ Always clean up spills from the less soiled to the most soiled to limit the spread of germs.
- ▶ Handle soiled laundry as little as possible.
- ▶ Wash soiled clothing and linens separately from other clothes.
- ▶ Use paper towels throughout the house.
- ▶ Make sure everyone follows good hand-washing practices (for example, before touching food, after using the bathroom).
- ▶ Keep clean hands away from the face and other areas of the body.
- ▶ Make sure individuals use their own toiletries and equipment (for example, combs, brushes, razors, etc.)

You have learned how to prevent the spread of germs by practicing standard precautions and by cleaning and disinfecting the environment. Yet another way DSPs can prevent the spread of germs is to observe the signs and symptoms of illness and injury in an individual and record and report them.

Providing Personal Care

As a DSP, you may have many different responsibilities including assisting the individuals in the home with **personal care**, such as bathing, oral hygiene, shaving, dressing, toileting, and menstrual care. These activities are very important and unique for each individual. Remember good hygiene helps prevent the spread of germs, the individual to maintain the best possible health and feel good about themselves.

The DSP's toolkit includes a set of professional ethics that guides the DSP in everything he or she does. When assisting individuals with personal care, the DSP should be especially mindful of professional ethics. These ethics or principles become routine as they are practiced and applied each day. As a DSP, you will want to apply your professional ethics every time you assist and support an individual with personal care skills.

- ▶ **Respect:** As a DSP, I will respect the individuals I support and help others recognize their value. Personal care should be provided with dignity and respect for the individual.
- ▶ **Promoting Physical and Emotional Well-Being:** As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm. Personal care should be provided safely and in a way that promotes the physical and emotional well-being of the individual.
- ▶ **Confidentiality:** As a DSP, I will protect and respect the confidentiality and privacy of the individuals I support. An individual has the legal right to have his or her support needs kept confidential and to privacy for personal care.

- ▶ **Honesty and Responsibility:** As a DSP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support. Individuals should be supported in doing as much for themselves as possible.
- ▶ **Self-Determination:** As a DSP, I will assist the individuals I support to direct the course of their own lives. Individuals have the right to direct how personal care is provided.

Part of the job of a DSP is to support individuals so they can be more independent. Some individuals may be able to bathe, shave, dress, and otherwise take care of themselves with no support. Others may need assistance or support to complete their personal care activities. Depending on the abilities of each individual, the DSP will need to provide more or less support.

It is important to remember that having opportunities to make choices is a key to leading a healthy happy life. Just as individuals have the opportunity to make choices about what clothes to wear and what to eat, the need to have the choice as to how and when they complete their personal care activities. For example, one individual might like to bathe at night, while another likes to shower in the morning. The DSP needs to be aware of these individual preferences and support them.

Personal Care Guidelines

Hair Grooming

Having clean, well groomed hair is important to everyone, and is no less so for the individual you support. Individuals like different brands of shampoo or conditioner and may have a preferred style. Individuals may also change their minds about how they style their hair. All of these choices should be respected and supported.

Fingernail and Toenail Care

Cleaned and trimmed fingernails and toenails are important for overall health. Germs often collect underneath the nails. Frequent and thorough hand washing and foot care is a good way to prevent germ or fungus buildup. Nails that become too long and/or are rough and torn can scratch and cut an individual's skin and may result in a local infection.

Some individuals (those with diabetes) should have their nail care completed by a health care professional. Athlete's foot, a fungus that causes an inflammation, cracking, and peeling of the skin between the toes and can also infect the toenails is of particular concern, and must be treated as soon as it is noted by the DSP. Individuals often like to have nail color applied and may need assistance.

Shaving

Once again, shaving one's legs, underarms, or face is a very personal matter. Cultural differences may be a key to whether an individual shaves or does not shave. For example, in some cultures, women do not shave their legs or underarms. In some cultures, men do not shave their facial hair. It is important to assist and support the individual to shave safely and to avoid nicks and cuts that can lead

to infection. Some individuals may learn to use an electric razor. Other individuals may be assisted and supported in using a blade razor.

Bathing and Perineal Care

Bathing means cleaning one's body from head to toe. Perineal care means the bathing of the genital and anal (rectum) area, or "private parts." Providing assistance and support for bathing can be a very sensitive personal care activity for an individual and a DSP. Routinely, this activity is completed by female DSPs for women and girls and by male DSPs for men and boys.

The DSP needs to know what bathing skills an individual has before beginning to provide assistance and support. It is important that the DSP provide whatever assistance and support is needed to ensure individuals are clean. Occasionally checking an individual's personal care skills and assisting when needed will help prevent body odor, discomfort, and infection. Step-by-step procedures and explanations for supporting individuals in personal care activities are included in Appendices 6-D – 6-G for this session. These procedures should be adapted to the specific needs and preferences of each individual the DSP supports.

It is the job of the DSP to continue to teach, assist, and support each individual in learning good personal care habits. Each individual will have the opportunity to lead a fuller, happier, more enjoyable life as they become more independent with their own care needs. Remember, good personal hygiene is important to promoting good health.

Maintaining the Best Possible Health

- 1 ☐ A ☐ B ☐ C ☐ D
- 2 ☐ A ☐ B ☐ C ☐ D
- 3 ☐ A ☐ B ☐ C ☐ D
- 4 ☐ A ☐ B ☐ C ☐ D
- 5 ☐ A ☐ B ☐ C ☐ D
- 6 ☐ A ☐ B ☐ C ☐ D
- 7 ☐ A ☐ B ☐ C ☐ D
- 8 ☐ A ☐ B ☐ C ☐ D
- 9 ☐ A ☐ B ☐ C ☐ D
- 10 ☐ A ☐ B ☐ C ☐ D

1. Keeping the teeth and body clean, getting plenty of physical exercise, and not smoking are examples of:
 - A) Accident prevention.
 - B) Healthy habits.
 - C) Physical abuse.
 - D) How to avoid growing older.
2. A person's "health history" is often or usually:
 - A) A collection of different documents about the person's health history and current health care needs.
 - B) Kept under refrigeration to keep the information fresh.
 - C) Shared with every visitor who comes to see the person.
 - D) Another name for the "Physician's Report."
3. The person's IPP (individual program plan) is a useful source of health information because:
 - A) It explains what the DSP's responsibilities are in helping the person have the best possible health.
 - B) No other information on the person's health is kept at the facility.
 - C) A person's IPP always contains the most up-to-date health information.
 - D) The IPP by law includes a complete copy of the person's health history.
4. Droplet spread of germs can occur when:
 - A) Butter or margarine is placed on untoasted bread.
 - B) Handwashing is not done correctly.
 - C) Food is dropped onto an unclean floor.
 - D) A person coughs or sneezes near other people.
5. Standard precautions for infection control include all of the following except:
 - A) Heating all food and drink to 212 degrees Fahrenheit.
 - B) Handwashing.
 - C) Use of disposable gloves.
 - D) Avoiding direct contact with body fluids.
6. Because frequent handwashing can easily dry out a person's skin:
 - A) It is recommended that DSPs wash only when entering and leaving the facility.
 - B) Disposable gloves should be put on before washing the hands.
 - C) DSPs should apply lotion or cream to their hands through the workday.
 - D) DSPs always have irritated, dried-out, and cracked skin on their hands.

7. **The DSP should use disposable gloves:**
 - A) Until all germs have been removed from the facility.
 - B) When it is impossible to wash the hands instead.
 - C) For not more than one day before discarding them.
 - D) Only one time before discarding them.
8. **After removing disposable gloves, the DSPs should always:**
 - A) Wash the gloves.
 - B) Leave the facility for a rest break.
 - C) Wash their hands.
 - D) Place lotion or cream on their hands.
9. **For adequate cleaning of most surfaces:**
 - A) Soap and water is sufficient.
 - B) A facemask or eye shields must be worn.
 - C) A solution of bleach and water is usually required.
 - D) Sandpaper or steel brushes may be substituted for soap and water.
10. **The personal care subject of shaving is a particularly sensitive one because:**
 - A) Most people have sensitive underarms.
 - B) Cultural differences often play a role in determining preferences.
 - C) Certain persons may learn to use an electric razor.
 - D) Dull razor blades can make shaving uncomfortable.



Appendices



Appendix 6-A

I Want To Know

I am entitled to good health care to increase my knowledge and become more aware.

To know my body and what to expect when something goes wrong and I do get sick.

I want to know about my eyes and ears and when to seek medical attention without any fears.

I want to know what makes my heart beat and how to take care of my gums and teeth.

I want to know what makes me breathe and what happens when I sneeze.

I want to know about my stomach and intestines of what I eat and of good nutrition.

I want to know what vaccinations I need to help and protect myself from a specific disease.

I want to know when to call my doctor and what to tell him or her without any proctor.

I want to know about the medicines prescribed or what they do to help me inside. I want to know about my glands and my nerves.

I want to stay healthy because it's what I deserve.

Irene Olsakowski

Appendix 6-B

GLOVING / SKILL CHECK # 2

Directions: Partner with another member of the class. Each partner should have a Skill Check Worksheet. Using the worksheet, practice all the steps in this skill. Have your partner check off each step you correctly complete (Partner Check). When you are comfortable that you are able to correctly complete all the steps without using the worksheet, ask the teacher to complete the Teacher Check.

Reminders

Always wear disposable gloves when you:

- ▶ Assist another person with toothbrushing or flossing, bathing, shaving, menstrual care, and cleaning the rectal or genital area.
- ▶ Clean up toilets, urine, feces, or vomit.
- ▶ Perform first-aid.

Always use a new pair of gloves for each activity.

Always use a new pair of gloves for each individual.

Always wash your hands before and after using gloves.

Never wash gloves and use again.

Supplies

Gather all of the necessary supplies for skill check..

Supplies are needed for practice and skill check..

- ▶ Water, soap, and paper towels for hand washing.
- ▶ New disposable gloves (At least two pairs—one for practice and one for final skill check.).
- ▶ Waste container.
- ▶ Skill Check #2 Worksheet.

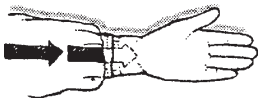
Competency: Each student is required to complete Skill Check Worksheet, Gloving, with no errors.

TEACHER

STUDENT

DATE

GLOVING

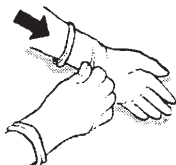


Partner Check

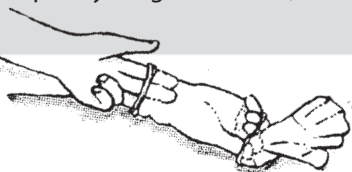
Steps—Putting on Gloves

1. Remove rings and watches.
2. Wash your hands.
3. Select a new pair of gloves of the appropriate size.
4. Pull the gloves onto both hands.
5. Smooth out folds to ensure a comfortable fit.
6. Carefully look for tears, holes, or discolored spots and replace the glove(s) with new ones if necessary.

Steps— Taking off Gloves



1. Touching only the outside of one glove, pull the first glove off by pulling down from the cuff.
2. As the glove comes off your hand, turn the glove inside out.
3. With the fingertips of your gloved hand, hold the glove you just removed.



- Put fingers of your bare hand inside the remaining glove, being careful not to touch any part of the outside of the glove.
- Pull the glove down, turning the glove inside out and over the first glove as you remove it.
- Drop both contaminated gloves into the proper garbage container.
- Wash your hands.

Certification



This is to certify that

(Name of student)

*correctly completed all
of the steps for Gloving.*

Teacher Signature

Date

Comments

Appendix 6-C: Two Recipes for Bleach and Water Cleaning Solution

Both disinfectant cleaning solutions are easy to mix, safe if handled properly, and kill most infectious germs. Never mix bleach with anything but fresh tap water. Mixing it with ammonia or other cleaning products may cause the formation of a toxic chlorine gas.

Remember bleach solutions:

- ▶ Loose their effectiveness quickly and need to be made daily.
- ▶ Must be stored properly in a sealed and labeled container in a locked storage area.
- ▶ Should be kept in a cool place out of direct sunlight.
- ▶ Will discolor fabrics and carpeting.
- ▶ Are harmful if swallowed or gets in the eyes or nose.

Bleach and Water Cleaning Solution for Bathrooms, Diapering, or Incontinent Brief Changing Areas and Floors

Ingredients

- 1/4 cup (2 ounces) bleach.
- 1 gallon tap water.

Procedure

- Add the household bleach (5.25% sodium hypochlorite) to the water.
- Carefully mix well.
- Store in closed, labeled container in cool, dark, locked storage area.
- Remake daily.

Bleach and Water Cleaning Solution for Cleaning Eating Utensils, Toys, Counter Tops, and Other Items That Are Mouthed or Come into Contact with Bodily Fluids

Ingredients

- 1 tablespoon bleach.
- 1 gallon cool tap water.

Procedure

- Add the household bleach (5.25% sodium hypochlorite) to the water. Carefully mix well.
- Store in closed, labeled container in cool, dark, locked storage area.

Appendix 6-D: Hair Grooming

Attention

- ▶ Remember, hairstyle is an individual choice.
- ▶ Use only the individual's personal comb and brush.
- ▶ Clean comb and brush regularly.
- ▶ Combs with sharp teeth can injure sensitive scalps.
- ▶ Use comb and brush with a gentle touch.
- ▶ Encourage the individual to do as much as he or she can for him/herself.

Supplies

- ▶ Comb
- ▶ Brush
- ▶ Mirror
- ▶ Personal hair products

PROCEDURE

- ▶ Ask the individual if he or she has a preference for his or her hairstyle today.
- ▶ Teach and assist with drying wet hair with dryer and applying gels, hair spray, and other hair products as appropriate.
- ▶ If hair is long, divide into sections before combing or brushing.
- ▶ Teach and assist the individual to comb or brush hair from scalp to ends of hair. *Note: If the hair is tangled, use a wide-tooth comb.*
Why? Pulling on tangled hair can cause damage to the hair. Gently combing or brushing from the scalp to the ends of the hair stimulates circulation.
- ▶ Encourage the individual to look in a mirror when finished styling.
Why? Having hair clean and groomed looks great, increases self-esteem, and you can't have a "bad hair day"!

Appendix 6-E: Cleaning and Trimming Nails

Attention

- ▶ Special care should be practiced when assisting with nail care.
- ▶ Individuals with diabetes require professional assistance with nail care.
- ▶ Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin.
- ▶ Trimming the nail too short may cause ingrown nails that can be painful and cause infection.
- ▶ Encourage individuals to do as much as they can for themselves.

Supplies

- ▶ Personal nail clippers or nail scissors
- ▶ Personal cuticle or orange stick
- ▶ Bathtub or bowl
- ▶ Clean water
- ▶ Soap
- ▶ Personal towel
- ▶ Personal emery board or nail file

PROCEDURE

- ▶ Teach and assist the individual how to soak his or her hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap.
Why? Soaking will soften the nails and make them easier to trim.
- ▶ Teach and assist how to gently push nail cuticle back (from fingers or toes) with cuticle or orange stick to prevent hangnails.
Note: A clean washcloth can be used for this step. DSP can demonstrate these steps on his or her own nails.
- ▶ Teach and assist the individual to clean under the nails (fingers or toes) with orange stick or tool on nail clipper for this purpose.
- ▶ Teach and assist the individual to change the water and wash, rinse, and dry his or her hands or feet.
Note: Do not rinse in soapy water.
Why? Soapy water has many germs from the nails. This will prevent skin on the hands and feet from chapping.
- ▶ Teach and assist the individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board or nail file to shape and smooth the nails.
Remember: Individuals with diabetes need professional assistance for nail care.

Appendix 6-F: Shaving

Attention

Shaving steps can be used for facial, leg, or underarm hair.

- ▶ An electric razor should not be used in same room where oxygen is used.
- ▶ Electric razors should not be used around water.
- ▶ Check all types of razors for chips or rust on the blades.
- ▶ Always dispose of used razor blades.
- ▶ Use only an individual's personal razor.
- ▶ Supervise the use of razors closely for safe and correct handling before individual shaves independently.
- ▶ Encourage the individual to do as much for him or herself as possible.

Supplies

- ▶ Personal electric or other style razor
- ▶ Shaving cream and aftershave lotion
- ▶ Personal towel
- ▶ Sink or other clean water source
- ▶ Mirror

PROCEDURE

- ▶ Teach and assist the individual in locating the best place to complete his or her shaving. Use of a mirror is recommended for shaving the face or under the arms.

Note: Depending on what part of the body one is shaving, a sink, bowl, bathtub, or shower may be more safe and functional.

Why? Safety is important while shaving. The individual should be comfortable and sitting or standing securely.

- ▶ Teach and assist the individual to check his or her skin for moles, birthmarks, or cuts.

If any changes are observed in the size, shape, or color of a mole or birthmark, the individual should be seen by his or her physician.

Why? Shaving over these areas can cause bleeding and infection. Changes may indicate illness.

- ▶ Teach and assist the individual to open shaving cream and remove safety cap from razor (non-electric razor) or plug electric razor into outlet.

Note: Again, safety is important. Shaving cream in an electric razor can be dangerous.

Electric razors near water can cause injury or death.

Appendix 6-F (continued): Shaving

Shaving with Non-Electric Razor

- ▶ Teach and assist the individual to wash area to be shaved with warm, soapy water.
(Face, underarms or legs)
Why? Washing removes oil and bacteria from the skin and helps to raise the hair shafts so it will be easier to shave.
- ▶ Teach and assist the individual how to apply shaving cream or lather with soap.
Note: Some soaps and shaving creams can be harsh on the skin, or an individual can be allergic to them. There are different brands on the market for sensitive skin. An electric razor may work better for an individual with skin allergies.
Why? Shaving cream softens the skin and helps the razor glide over the skin to prevent nicks and cutting.
- ▶ If the DSP is shaving the individual, wear disposable gloves.
Note: Refer to Appendix 6-B for directions on putting on disposable gloves.
Why? To prevent spread of germs.
- ▶ Teach and assist the individual to use the fingers of one hand to hold the skin tight and shave in the direction the hair grows.
Note: Shaving in the direction the hair grows makes a smoother shave and helps prevent irritating the skin. The DSP may want to role play or demonstrate this shaving step on him or herself.
- ▶ Teach and assist the individual to rinse the razor often to remove hair and shaving cream so the cutting edge stays clean.
- ▶ Teach and assist the individual to use short strokes around chin and lips on the face; front and back of knees on the legs; and under the arms.
Note: Short strokes give better control of the razor and help prevent nicks and cuts.
- ▶ Teach and assist the individual to rinse off the remaining shaving cream and dry the skin with gentle patting motions.
Why? Left-over shaving cream can irritate and dry the skin. Rubbing freshly shaven skin can be irritating.
- ▶ If shaving the face, offer the individual a mirror to inspect a job well done.
Why? Taking pride in completing personal care skills increases self-esteem.
- ▶ Teach and assist with applying aftershave or skin lotion if individual chooses.
Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.
- ▶ Teach and assist the individual with cleaning razor and storing all shaving items.
- ▶ Teach and assist the individual to wash, rinse, and dry his or her hands after shaving.

Appendix 6-F (continued): Shaving

Shaving with an Electric Razor

- ▶ Teach and assist the individual to safely turn on the electric razor. Explain the safety of shaving away from water.
Why? Electrocutions can occur when electric appliances, including razors, come into contact with water.
- ▶ Teach and assist the individual to use a mirror while shaving the face or under the arms.
- ▶ Teach and assist the individual in using a gentle, even pressure as he or she moves the electric razor over the skin. Demonstrate how running one hand over the shaved area can locate missed hair.
- ▶ Teach and demonstrate how to clean hair from the blades as needed during the shave.
Note: Be sure razor is turned off and unplugged each time the blades are cleaned. Why? Injuries can occur when the razor is turned on or plugged into an electrical socket. Cleaning the blades keeps them sharp and provides for a smoother shave.
- ▶ Teach and assist with applying aftershave or skin lotion if the individual chooses.
Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.
- ▶ If shaving the face, offer the individual a mirror to inspect a job well done.
Why? Taking pride in completing personal care skills increases self-esteem.
- ▶ Teach and assist the individual with cleaning the razor and storing all shaving items.
- ▶ Teach and assist the individual to wash, rinse, and dry his or her hands after shaving.

Appendix 6-G: Assisting an Individual with Bathing and Perineal Care

Attention

When assisting with bathing or showering:

- ▶ Remember to check water temperature. It should be warm to the touch.
- ▶ Wash, rinse, and dry each body part to prevent chilling, exposure, and chapping.
- ▶ Inspect skin for signs of injury or changes in condition.
- ▶ Use soap sparingly and do not leave in water.
- ▶ Provide privacy and warmth for the individual.
- ▶ Talk about things of interest to the individual.
- ▶ Encourage the individual to do as much as he or she can for him/herself.
- ▶ Demonstrate and explain correct bathing or showering procedures.
- ▶ Be prepared with all supplies.
- ▶ Be sure your hands are washed and clean.

Supplies

- ▶ Clean basin, bathtub, or shower stall
- ▶ Robe or clean clothes
- ▶ Soap and soap dish or special skin cleanser
- ▶ Personal towel
- ▶ Personal washcloth
- ▶ Disposable gloves for perineal care

Appendix 6-G (continued): Assisting an Individual with Bathing and Perineal Care

PROCEDURE

- ▶ Teach and assist the individual how to check the water temperature for warmth before beginning. (Place your wrist under the running water.)

Why? To prevent a chill or a burn.

- ▶ Teach and assist the individual to wash his or her hands and wrists.

Note: Use the method learned from Appendix 6-H. The DSP will have washed his or her hands as well.

- ▶ Teach and assist the individual to wash and rinse each eye. Begin from the inner corner of one eye (near the nose) and moving to the outer corner of the eye. Repeat this step on the other eye, using a clean corner of the washcloth.

Why? Use different ends of the washcloth to prevent the spread of germs from one eye to the other.

- ▶ Teach and assist the individual to wash and rinse the face, neck, and ears. Use the soap to make suds. Use clean tap water to rinse. Be sure to wash and dry behind the ears.

Note: Ask the individual if he or she wants soap or prefers a special cleansing product. Why? Some individuals have sensitive skin.

- ▶ Teach and assist the individual to wash and rinse one shoulder, underarm, and arm.

Why? Beginning near the wrist prevents dripping dirty water (germs) from sitting on already cleaned wrists and hands.

- ▶ Repeat the previous step for the other shoulder, underarm, and arm.
- ▶ Teach and assist the individual to wash and rinse the chest and stomach. Check under the breasts and any skin folds as you go along.

- ▶ Repeat previous step for the back.

Note: Make sure the skin is completely dry. Remember to teach and assist the individual to dry completely.

- ▶ Teach and assist the individual to wash and rinse hip and one leg.

- ▶ Repeat previous step for the other hip and leg.

- ▶ Teach and assist the individual to wash and rinse one foot.

- ▶ Repeat previous step for the other foot.

Why? Moisture in the skin folds can result in cracking and the breakdown (infection) of skin. Moisture between the toes can result in cracking and infection.

Appendix 6-G (continued): Assisting an Individual with Bathing and Perineal Care

PROCEDURE: Perineal Care for Females

Bathing of the genitals (sex organs) and anal (rectum) area of the body, sometimes referred to as the “private parts.”

- ▶ When teaching or assisting with perineal care, put on disposable gloves.
Note: Refer to Appendix 6-B for directions on putting on disposable gloves. Why? To prevent spread of germs.
- ▶ Teach the individual to separate the folds of skin in her genitals, called the labia, and using suds and the washcloth, wash with one down stroke the sides of the labia. Using a different side of the washcloth, wash down the middle of the labia. Rinse from front to back..
Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.
- ▶ Teach the individual to wash and rinse the anal area, moving front to back.
Use a different part of the washcloth for each wipe.

PROCEDURE: Perineal Care for Males

Bathing of the genitals (sex organs) and anal (rectum) area of the body, sometimes referred to as the “private parts.”

- ▶ When teaching or assisting with perineal care, put on disposable gloves.
Note: Refer to Appendix 6-B for directions on putting on disposable gloves. Why? To prevent spread of germs.
- ▶ Explain to the individual to hold his penis and wash and rinse the tip. Always wash from the small opening (urethra) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe.
Why? To prevent spreading germs (contamination) of the urethral opening.
- ▶ Teach the individual to wash, rinse, and dry the shaft of the penis. Wash and rinse in the direction of the pubic area.
Note: If the individual is not circumcised, be sure the foreskin is pulled back and wash, rinse, and dry the penis. Return the foreskin to its natural position.
- ▶ Teach the individual to spread his legs and wash, rinse, and dry the scrotum (the two sacks at the base of the penis). Clean between the skin folds in this area and under the scrotum thoroughly.
- ▶ Teach the individual to wash, rinse, and dry the anal area, moving front to back. Use a different part of the washcloth for each wipe. Dry area thoroughly.
Why? Moisture between skin folds may cause cracking of the skin and skin breakdown.

Appendix 6-H: Handwashing

Assemble Equipment

- Soap (bar or liquid)
- Paper towels
- Warm running water
- Waste container.

- ▶ Standing away from sink, turn on faucet and adjust water temperature. Keep your clothes dry, as moisture breeds bacteria.

- ▶ Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.



- ▶ Use a generous amount of soap, rubbing hands together and fingers between each other to create a lather. Friction helps clean.



- ▶ Continue to rub, push soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Use soap above your wrist about two inches.



- ▶ Wash for one minute.

- ▶ Being careful not to touch the sink, rinse thoroughly under running water.

- ▶ Rinse from just above the wrists down to fingertips. Do not run water over unwashed arm down to clean hands.

- ▶ Using a clean paper towel, dry from tips of fingers up to clean wrists. Again, do not wipe towel on unwashed forearm and then wipe clean hands.

- ▶ Dispose of towel with out touching waste container.

- ▶ If your hands ever touch the sink or waste container, start over.

- ▶ Using a clean paper towel, turn off faucet, which is considered contaminated. Properly discard towel.

- ▶ Apply lotion if hands are dry or chapped.

